## Application Inf rmation

| | |
|---|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Title:: | Radiolabelled Phenylethyl Imidazole Caboxylic Acid Ester Derivatives |
| Attorney Docket Number:: | 103218-1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Sheets:: | |
| Total Drawing Sheets:: | 5 |
| Small Entity:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

## Inventor Information

| | |
|---|---|
| 1st Inventor Authority type:: | Inventor |
| Primary Citizenship Country:: | |
| Status:: | Full Capacity |
| Given Name:: | Ilse |
| Middle Name:: | |
| Family Name:: | Zolle |
| City of Residence:: | Wien |
| State or Province of Residence:: | |
| Country of Residence:: | Austria |
| Street of mailing address:: | Zimmermanngasse 22/8 |
| City of mailing address:: | Wien |
| Country of mailing address:: | Austria |
| Postal or Zip Code of mailing address:: | A-1090 |

2<sup>nd</sup> Inventor Authority type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Friedrich

Middle Name::

Family Name::

Hammerschmidt

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

## Correspondence Information

| | |
|---|---|
| Correspondence Customer Number:: | 27387 |
| Name:: | Bruce S. Londa |
| Street of mailing address:: | 220 East 42$^{nd}$ Street – 30$^{th}$ Floor |
| City of mailing address:: | New York |
| State or Providence:: | NY |
| Postal or Zip Code:: | 10017 |
| Phone Number:: | 212-808-0700 |
| Fax Number:: | 212-808-0844 |
| E-Mail address:: | bslonda@nmmlaw.com |

## Representative Information

Representative Customer Number::          27387

## Dom stic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---|---|---|---|

None

## Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: · |
|---|---|---|---|

None

## Assignee Information

Assignee Name::          None

Street::

City::

Country::

Postal or Zip Code:

Attorney's Docket No: 103218-1